



Atty Dkt No: PP16095.002
2300-16095
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on:

3/18/04
Date

[Signature]
Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

THUDIUM et al.

Confirmation No.: 1828

Serial No.: 09/977,066

Art Unit: 1636

Filing Date: October 12, 2001

Examiner: M. Marvich

Title: CYTOMEGALOVIRUS INTRON A FRAGMENTS

AMENDMENT UNDER 37 CFR §1.116

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed December 23, 2003, with a shortened statutory period of three months for response. Accordingly, this response is timely filed. Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

A listing of claims begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



image

AF/1636

Atty Dkt No. PP16095.002
USSN: 09/977,066
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop *, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

3/18/04 *[Signature]*
Date Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

THUDIUM et al.

Confirmation No.: 1828

Serial No.: 09/977,066

Art Unit: 1636

Filing Date: October 12, 2001

Examiner: M. Marvich

Title: CYTOMEGALOVIRUS INTRON A FRAGMENTS

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of December 23, 2003.

☐ Applicants request an extension of time for months. Enclosed is a check to cover the \$ fee.

☒ No additional fee is required.

☒ Also enclosed: Return Postcard.

No. of Claims After Amendment	Most Claims Previously Paid			Extra Claims			Additional Fee		
A. Total Claims	17	-	31	=	0	x	\$18	=	\$0
B. Ind. Claims	2	-	4	=	0	x	\$86	=	\$0
C. If amended to contain multiple dependent claims, add 280							\$290	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	\$0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0
F. Total Amendment Fee (D minus E)								=	\$0

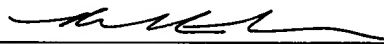
— A check for \$ to cover the extension of time fee and extra claims fee is attached.

— Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 3/18/04

By: 

Roberta L. Robins
Registration No. 33,208
Attorney for Applicants

Chiron Corporation
Intellectual Property – R440
PO Box 8097
Emeryville, CA 94662-8097
Telephone: 510 923 8406
Facsimile: 510 655 3542